



Texas Department of Insurance
Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor Name and Address: GURPREET S. BAJAJ, MD 1307 8 TH AVE STE 603 FT WORTH, TX 76104	MFDR Tracking #: M4-10-1788-01
	DWC Claim #:
	Injured Employee:
	Date of Injury:
Respondent Name and Box #: TEXAS MUTUAL INSURANCE CO Box #: 54	Employer Name:
	Insurance Carrier #:

PART II: REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "I am submitting this medical dispute due to the fact that Texas Mutual doesn't except our proof of timely filing. Per TDI it is considered valid proof of timely filing. I would like for this claim to processed."

Amount in Dispute: \$168.00

PART III: RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: The requestor provided evaluation & management services to the claimant on 4/8/09... Texas Mutual receive the bill 8/3/09... The requestor states in its' DWC-60 it timely submitted the bill via its electronic bill submission vendor, P2P. As evidence of this there has been provided a screen print of a claim log that on its face shows the bill was electronically submitted to Texas Mutual on 4/28/09... Although the requestor may have submitted its bill timely to P2P, P2P did not timely submit to Texas Mutual for the following two reasons... a) In order for P2P to have electronically submitted the bill to Texas Mutual it would have to have electronic connectivity, i.e. linkage, with Texas Mutual. But it does not... b) Absent connectivity, P2P pulls the bill out of electronic format and submits a paper bill instead. That paper bill was received by Texas Mutual on 8/3/09.

PART IV: SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Calculations	Amount in Dispute	Amount Due
04/08/2009	99213 99080-73	N/A	\$168.00	\$0.00
			Total Due:	\$0.00

PART V: FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

- 28 Tex. Admin. Code §133.307 sets out the procedures for health care providers to pursue a medical fee dispute.
- 28 Tex. Admin. Code §133.20 sets out the procedures for health care providers to submit workers' compensation medical bills for reimbursement.
- 28 Tex. Admin. Code §102.4 sets out the rules for Non-Commission Communications.
- Texas Labor Code §408.027 sets out the rules for timely submission of a claim by a health care provider.
- The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated 08/11/09

CAC-29- The time limit for filing has expired.

731- 134.801 & 133.20 provider shall not submit a medical bill later than the 95th day after the date of service, for service on or after 9/1/05

Explanation of benefits dated 09/24/2009

B5- Coverage/Program Guidelines were not met or were exceeded.

29- The time limit for filing has expired

724- No additional payment after reconsideration. Network Contract applied by Texas Star Network.

731-134.801 & 133.20 Provider shall not submit a medical bill later than the 95th day after the date of service, For Service on or after 9/1/05.

Explanation of benefits dated 09/24/2009

CAC-B5- Coverage/Program Guidelines were not met or were exceeded.

CAC-18-Duplicate Claim/Service

CAC-29-The time limit for filing has expired.

724- No additional payment after reconsideration. Network Contract applied by Texas Star Network.

731-134.801 & 133.20 Provider shall not submit a medical bill later than the 95th day after the date of service, For Service on or after 9/1/05.

878-Duplicate Appeal. Request Medical Dispute Resolution through DWC for continued disagreement of original appeal decision.

Issues

1. Did the requestor submit the medical bill for the services in dispute timely and in accordance with 28 Tex. Admin. Code §133.20?
2. Did the requestor submit documentation to support the disputed bills were submitted timely in accordance with Texas Labor Code, Section §408.027 and §102.4?
3. Is the requestor entitled to reimbursement?

Findings

1. Pursuant to 28 Tex. Admin. Code §133.20(b) states in pertinent part "Except as provided in Labor code §408.0272...a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided." No documentation was found to support that §408.0272 applies to the service in dispute, for that reason, the health care provider and requestor in this dispute were required to send the medical bill no later than 95 days after the service in dispute was provided. 28 Tex.Admin. Code §102.4(h) states "Unless the great weight of evidence indicates otherwise, written communications shall be deemed to have been sent on: (1) the date received, if sent by fax, personal delivery, or electronic transmission or, (2) the date postmarked if sent by mail via United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus 5 days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent shall be the next previous day which is not a Sunday or legal holiday."
2. Review of the documentation submitted by the requestor finds three EOB's dated, 08/11/2009, 09/24/2009 & 11/03/2009, a copy of medical bills with printed date 09/05/09 & 10/01/2009 in box 31, an appeal letter to respondent dated, 03/23/10, and a screen print of a claim log. Review of documentation received from the Respondent finds a position statement and a copy of a bill with the Respondent's date of receipt, 08/03/2009 and printed date 04/28/2009 in box 31. No documentation was found to sufficiently support that the medical bill was submitted to the respondent within 95 days from the date the services were provided.
3. In Accordance with Tex. Lab. Code Ann. §408.027, the health care provider and requestor in this medical fee dispute has forfeited the right to reimbursement due to untimely submission of the medical bill for the service in dispute

Conclusion

For the reasons stated above, the division finds that the requestor has failed to establish that reimbursement is due. As a result, the amount ordered is \$0.00.

PART VI: ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Medical Fee Dispute Resolution Officer

08/25/2011

Date

PART VII: YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it

must be received by the DWC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division rule at 28 Texas Administrative Code §148.3(c).

Under Texas Labor Code Section 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 rules if the total amount sought does not exceed \$2,000. If the total amount sought exceeds \$2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code Section 413.031.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.